

MAR 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County BelTownship Moond CityCity Moond City (No.       )Registration District No. 272Primary Registration District No. 428File No. 6056Registered No. 895St.        Ward       

## 2. FULL NAME

(a) Residence, No.        St.        Ward.       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M L Norman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>1</u>	<u>15</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       12. BIRTHPLACE (CITY OR TOWN) Minier (STATE OR COUNTRY) Ind.13. NAME John Andies14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) Ind.15. MAIDEN NAME Anna Raderf.16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) Ind.17. INFORMANT M L Norman (ADDRESS) Moond City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Hope DATE 2-17-3719. UNDERTAKER W B Hagan (ADDRESS) Moond City Mo.20. FILED Feb 17, 1937 J O'Connell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937, to Feb 15, 1937I last saw him alive on Feb 15, 1937 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Feb 4 1937Other contributory causes of importance: 105Name of operation        Date of       What test confirmed diagnosis? Chinney Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?        (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify       (Signed) W B Hagan, M. D.(Address) Moond City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

